


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p>SERGEANT WILLIAM GAIL Garfield Heights Police Department 5555 Turney Road Garfield Heights, OH 44125</p>		<p>B. Received by (Printed Name) Mark A Stokes</p>	<p>C. Date of Delivery 6-23-2020</p>
<p>2. Article Number (Transfer from service label) 7014 1820 0002 3725 3038</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collection Delivery <input type="checkbox"/> Collection Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>20-1257 Domestic Return Receipt</p>	



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Sandy Opacich, Clerk of Court
U.S.D.C., Northern District of OH
Carl B. Stokes U.S. Courthouse
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Cleveland, OH 44113
Case No. 1:20-cv-01288

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